

APPLICATION FOR EMPLOYMENT

opportunity employ basis of sex, race, o	Employer - It is the policy ment to all qualified perso color, religion, age, marite	ons without discrim al status, national d	nination on the origin,)	d:		
	ty, pregnancy, medical co status protected under s			Rate of Pay Ex	pected:		
Name:							
(Print)	Last			First		N	11
Please list any r	name you have ever	gone by other t	than the on	e listed:			
Present Address	s:						
	Street #	Street		City	State		Zip Code
How long h	have you lived at this	address?					
			Years	Months			
Email Address:							
Telephone Num	iber:						
Have you ever v	worked for American	Glass in the pa	ast?		🗌 Yes	🗌 No	
lf yes, ple	ase provide dates, p	osition, and rea	ason for lea	ving:			
How did you find	d out about this posit	ion?					
Please list name	es of any relatives en	nployed by Am	erican Glas	s:			
On what date w	ould you be available	e for work?		_			
	permitted to work in t bility will be required withi			ment.	🗌 Yes	🗌 No	
If hired, can you furnish proof that you are over 18 years of age?				ə?	Yes	🗌 No	
	e of performing the es pplying with or witho			for the position for	☐ Yes	🗌 No	
Can you meet th	ne travel requirement	ts of the positio	n?		🗌 Yes	🗌 No	
•	bled guilty or "no con ease give the date(s)		n convicted	of, a felony?	🗌 Yes	🗌 No	

Note: Answering "Yes" to the question above does not constitute an automatic bar from employment. Factors such as age, time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pre-trial or post-trial diversion programs.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Name:	 Employed From:	Rate of Pay:	Position Title & Duties:
Address:			
	/		
City, State, Zip Code:	(mo/yr)	Start	Reason for Leaving:
Telephone:	 То:		
Supervisor Name:	/		
	(mo/yr)	Final	

May we contact this employer?

🗌 Yes 🗌 No

Previous Employer Name:	Employed From:	Rate of Pay:	Position Title & Duties:
Address:			
	/		
City, State, Zip Code:	(mo/yr)	Start	Reason for Leaving:
Telephone:	То:		
Supervisor Name:	/		
	(mo/yr)	Final	
May we contact this employer?			

Previous Employer Name:		Employed From:	Rate of Pay:	Position Title & Duties:
Address:		_		
_		/		
City, State, Zip Code:		(mo/yr)	Start	Reason for Leaving:
Telephone:		То:		
Supervisor Name:		/		
		(mo/yr)	Final	
May we contact this employ	yer? Yes No			

RECORD OF PREVIOUS EMPLOYMENT (Continued)

Previous Employer Name:		Employed From:	Rate of Pay:	Position Title & Duties:
Address:				
City, State, Zip Code:		(month / year)	Start	Reason for Leaving:
Telephone:		To:		
Supervisor Name:		/		
		(month / year)	Final	
May we contact this emplo	oyer?			
Have you been terminated If Yes, please provide of	d or asked to resign from any job? ircumstances:		Yes	🗌 No
Please explain fully any g	aps in your employment history:			

Please indicate any actual experience, special training and qualifications you possess which you feel are relevant to the position for which you are applying:

EDUCATION

School Name	Years Completed (circle)	Did You Graduate?	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience and Skills
High School:	9 10 11 12 GED	Y / N			
College/University:	1234	Y / N			
Trade/Correspondence:		Y / N			
Other:					

REFERENCES

Please two (2) Professional and one (1) Personal Reference

Name	Occupation	Telephone Number	# Years Known

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position with American Glass, I will comply with all rules and regulations of American Glass. I understand that the company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and background screenings. I consent to the disclosure of the results and related tests to American Glass. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that American Glass may investigate my driving record and my criminal record and that an investigative consumer report may be prepared. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that American Glass may contact my previous employers, if I have indicated permission within this application, and I authorize the employers to disclose to American Glass all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to American Glass, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide American Glass with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either American Glass or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between American Glass and the Employee, and this agreement supersedes any and all prior agreements. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the Owner of American Glass. No supervisor or representative of American Glass, other than the Owner, has any authority to enter into any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed, and the remainder of this Agreement shall be enforceable. If you have any questions regarding this statement, please ask a company representative before signing. I hereby acknowledge that I have read the above statements and understand the same. My signature below attests that I have read, understood, and agree to be legally bound to all of the above terms.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant

Date

Print Name: